

Volunteer information for

- Home
- Mail
- My Profile
- My Schedule
- My Service History
- Time Sheet
- Account

Instructions

The following information is currently on file in your volunteer record. To update your records, enter your new information in the spaces provided. Click any of the "Save" buttons to save your changes or additions.

Basic Information

First_Name

Last_Name

Middle name:

Title:

Nickname:

Level:

Street 1:

Street 2:

Street 3:

City:

State: * Zip:

Home phone: OK to call me here

Work phone: OK to call me here

Cell phone: OK to call me here

Other phone: OK to call me here

Email address:

Unisex T-Shirt Size:

City Zone:

City Council District:

Amateur Radio License:

Amateur_Radio_Callsign:

GMRS_Radio_Callsign:

GMRS Radio License:

Please complete all highlighted fields

Please check the box if it's ok to call

Save

Demographics

You may optionally provide the following information. It is used only to help us get a better idea of the demographic make-up of our volunteers.

Date of birth: (year optional)

Gender:

Marital status:

Save

Training

If you have completed training that is not listed below, please contact the CERT Manager and provide documentation for the completed training.

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> G-317 Basic CERT Training | <input checked="" type="checkbox"/> IS-100, Introduction to ICS | <input checked="" type="checkbox"/> IS-200, ICS for Single Resources |
| <input checked="" type="checkbox"/> IS-700, Introduction to NIMS | <input checked="" type="checkbox"/> IS-800, National Response Framework | <input checked="" type="checkbox"/> Local - Basic Documentation - Online |
| <input checked="" type="checkbox"/> Local - Basic HAZMAT - Online | <input checked="" type="checkbox"/> Local - Basic Navigation - Online | <input checked="" type="checkbox"/> Local - Basic Radio Procedures - Online |
| <input type="checkbox"/> Local - Basic Search - Classroom | <input checked="" type="checkbox"/> x -- Advanced Communications | <input checked="" type="checkbox"/> x -- Advanced Rescue |
| <input checked="" type="checkbox"/> x -- Advanced Search | <input checked="" type="checkbox"/> x -- Advanced Triage & Treatment | <input checked="" type="checkbox"/> x -- G-428, CERT Train the Trainer |

Skills/Experience

Please indicate any relevant skills and experience you have and that you want to be considered in volunteering for CERT activities:

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Basic CERT Instructor | <input type="checkbox"/> Coach - Lead | <input type="checkbox"/> Coach - Cribbing |
| <input type="checkbox"/> Coach - Fire | <input type="checkbox"/> Coach - Lifts/Carry | <input type="checkbox"/> Coach - Med Ops |
| <input type="checkbox"/> Coach - SAR - Exterior | <input type="checkbox"/> Coach - SAR - Interior | <input type="checkbox"/> Coach - Size-Up |
| <input type="checkbox"/> Coach - Victim | <input type="checkbox"/> Community Event Coordinator | <input type="checkbox"/> Damage Assessment Lead |
| <input checked="" type="checkbox"/> Drill/Exercise Support | <input checked="" type="checkbox"/> Incident Commander | <input checked="" type="checkbox"/> Medical Ops Leader |
| <input checked="" type="checkbox"/> Medical Treatment | <input type="checkbox"/> Radio Net Controller - Lic. | <input type="checkbox"/> Radio Operator - Lic |
| <input checked="" type="checkbox"/> Squad/Team Leader | | |

Emergency Contact

In the event of an emergency whom should we notify?

First name:

Last name:

Nickname:

Title:

Street 1:

Street 2:

Street 3:

City:

State:

Zip:

Home phone: OK to call here

Work phone: OK to call here

Cell phone: OK to call here

Other phone: OK to call here

Email address:

Relationship:

Save